



# OFF-CAMPUS MEDICAL INFORMATION AND CONSENT

(For Category II or III Trips)

## PERMISSION

I hereby grant permission for my son/daughter \_\_\_\_\_  
to participate in the off-campus trip to (City/Town/Province/State) \_\_\_\_\_

leaving the school on (date) \_\_\_\_\_

and returning to the school on (date) \_\_\_\_\_

## PERSONAL INFORMATION

Parent/Guardian \_\_\_\_\_

Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

Business Name and \_\_\_\_\_

Telephone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

## MEDICAL INFORMATION

Medical Problems (Allergies, etc.) \_\_\_\_\_

Medication (Directions for use, storage, etc.) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*For out of province off-campus, additional health coverage (insurance) is required.

Provider Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Procedure in case of emergency \_\_\_\_\_

## COMMITMENT

In consideration of \_\_\_\_\_ being permitted to participate on this  
(Student's Name)

trip, I hereby **agree to accept and pay all costs including transportation and other expenses incurred for the return of my child from the site of the off-campus trip stated in (Permission) for medical reasons or inappropriate behaviour.**

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student

\_\_\_\_\_  
Date

Document Management:

Home School

Retention:

Non OSR School File – Current Year